

**FULL TIME REDUCED HOURS EMPLOYEES
HEALTH INSURANCE RATES
July 1, 2020 - June 30, 2021**

	25 hrs/wk	27.5 hrs/wk	30 hrs/wk	32 hrs/wk	35 hrs/wk
	40%	38%	36%	34%	32%
CareFirst BlueChoice Advantage & CF Select Vision					
Individual	\$160.61	\$152.58	\$144.55	\$136.52	\$128.49
Employee + Child	\$279.05	\$265.10	\$251.15	\$237.20	\$223.24
Employee + Spouse	\$334.24	\$317.53	\$300.81	\$284.10	\$267.39
Family	\$392.94	\$373.29	\$353.64	\$334.00	\$314.35
CareFirst BlueChoice HMO Open Access & CF Select Vision					
Individual	\$111.16	\$105.60	\$100.05	\$94.49	\$88.93
Employee + Child	\$211.25	\$200.68	\$190.12	\$179.56	\$169.00
Employee + Spouse	\$255.67	\$242.89	\$230.11	\$217.32	\$204.54
Family	\$333.50	\$316.83	\$300.15	\$283.48	\$266.80
CareFirst PPO Dental					
Individual	\$8.98	\$8.53	\$8.08	\$7.63	\$7.19
Employee + Child	\$13.72	\$13.03	\$12.35	\$11.66	\$10.97
Employee + Spouse	\$20.61	\$19.58	\$18.55	\$17.52	\$16.48
Family	\$26.95	\$25.60	\$24.26	\$22.91	\$21.56
Delta Dental PPO/Preferred					
Individual	\$7.55	\$7.17	\$6.79	\$6.42	\$6.04
Employee + Child	\$11.99	\$11.39	\$10.79	\$10.19	\$9.59
Employee + Spouse	\$17.80	\$16.91	\$16.02	\$15.13	\$14.24
Family	\$23.12	\$21.96	\$20.81	\$19.65	\$18.49